

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## M00F03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

### PROGRAM DESCRIPTION

The Cancer Prevention, Education, Screening and Treatment Program was created under the Cigarette Restitution Fund and seeks to reduce death and disability due to cancer in Maryland through implementation of local public health and statewide academic health center initiatives.

### MISSION

The mission of the Cancer Prevention, Education, Screening and Treatment Program is to reduce the burden of cancer among Maryland residents through enhancement of cancer surveillance, implementation of community-based programs to prevent and/or detect and treat cancer early, enhancement of cancer research, and translation of cancer research into community-based clinical care.

### VISION

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

### GOALS AND OBJECTIVES

**Goal 1.** To reduce overall cancer mortality in Maryland.

**Objective 1.1** By CY 2004, reduce overall cancer mortality to a rate of no more than 202.8 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> # individual reached with educational messages	16,779	52,722	74,900	74,900
	<b>CY 1999</b>	<b>CY 2000</b>	<b>CY 2003</b>	<b>CY 2004</b>
	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Overall cancer mortality rate	211.7	209.1	204.5	202.8

**Goal 2.** To reduce disparities in cancer mortality between ethnic minorities and whites.

**Objective 2.1** By CY 2004, reduce disparities in overall cancer mortality between minorities and whites to a rate of no more than 1.11. (Age-adjusted to the 2000 U.S. standard population.)

	CY 1999	CY 2000	CY 2003	CY 2004
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Cancer death rate ratio between nonwhites/whites	1.17	1.13	1.12	1.11

**Goal 3.** To reduce mortality due to each of the targeted cancers under the local public health component of the CRFP.

**Objective 3.1** By CY 2004, reduce colorectal cancer mortality to a rate of no more than 20.5 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> Number screening tests for colorectal cancer with CRF funds	789	1,246	2,490	2,490
Number minorities screened for colon cancer with CRF funds	112	269	530	530
	<b>CY 1999</b>	<b>CY 2000</b>	<b>CY 2003</b>	<b>CY 2004</b>
	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Colorectal cancer mortality rate	22.5	23.9	20.8	20.5

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**Objective 3.2** By CY 2004, reduce breast cancer mortality to a rate of no more than 25.7 per 100,000 persons in Maryland.  
(Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number screening tests for breast cancer with CRF funds	0	342	500	550
Number minorities screened for breast cancer with CRF funds	0	274	400	440
	CY 1999	CY 2000	CY 2003	CY 2004
	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Breast cancer mortality rate	28.5	27.7	26.3	25.7

**Objective 3.3** By CY 2004, reduce prostate cancer mortality to a rate of no more than 29.3 per 100,000 persons in Maryland.  
(Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number screened for prostate cancer with CRF funds	0	922	2,000	2,000
Number minorities screened for prostate cancer with CRF funds	0	904	1,960	1,960
	CY 1999	CY 2000	CY 2003	CY 2004
	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Prostate cancer mortality rate	34.1	31.9	30.2	29.3

**Objective 3.4** By CY 2004, reduce oral cancer mortality to a rate of no more than 2.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number screened for oral cancer with CRF funds	80	1,500	1,900	2,200
Number minorities screened for oral cancer with CRF funds	13	1,202	1,500	1,600
	CY 1999	CY 2000	CY 2003	CY 2004
	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Oral cancer mortality rate	3.0	3.0	2.7	2.7

**Objective 3.5** By CY 2004, reduce cervical cancer mortality to a rate of no more than 2.5 per 100,000 persons in Maryland.  
(Age-adjusted to the 2000 U.S. standard population.)

	FY 2001	FY 2002	FY 2003	FY 2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number screened for cervical cancer with CRF funds	0	272	500	550
Number minorities screened for cervical cancer with CRF funds	0	218	400	440
	CY 1999	CY 2000	CY 2003	CY 2004
	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Cervical cancer mortality rate	2.8	2.3	2.6	2.5

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**Objective 3.6** By CY 2004, reduce mortality due to melanoma of the skin to a rate of no more than 2.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimated	FY 2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number persons reached with skin cancer prevention messages with CRF funds	47	5,526	11,000	11,000
	CY 1999 Actual	CY 2000 Actual	CY 2003 Estimated	CY 2004 Estimated
<b>Outcome:</b> Melanoma of the skin mortality rate	2.3	2.7	2.4	2.4

**Goal 4.** To increase access to cancer care for uninsured persons in Maryland.

**Objective 4.1** By FY 2004, to provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number persons diagnosed and linked or provided treatment	1	15	18	18

**Goal 5.** To enhance cancer research and increase translation of cancer research into the clinical setting in order to reduce the burden of cancer in Maryland through the Johns Hopkins Institution's Cancer Research Grant under the Cigarette Restitution Fund.

**Objective 5.1** By FY 2004, successfully complete the recruitment of high-quality faculty in a number of the following fields, depending on the quality of the applicant and the amount of funds provided under the CRF: behavioral sciences, genetic epidemiology, cancer epidemiology, molecular genetics of cancer, and viral vaccine development.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number of successfully completed recruitments of high quality faculty	6	2	2	2

**Objective 5.2** By FY 2004, retain high-quality faculty, including clinicians and researchers, by implementing a community-focused cancer research and prevention research program for existing faculty at the Johns Hopkins Institutions.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number of research proposals funded	6	3	4	4

**Objective 5.3** By FY 2004, implement a competitive-funding program within Johns Hopkins for faculty to target any of the following: assessing exposure to environmental carcinogens and other cancer-causing agents in Maryland; mapping sources of exposure and cancer incidence in Maryland; developing multi-disciplinary projects focused on targeted cancers that will address the unique cultural and other factors related to the delay in treatment and access to care and treatment in underserved communities; and expanding population-based studies for cancer etiology and interventions among priority cancers in Maryland.

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	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number of research proposals funded	6	6	9	9
<b>Outcome:</b> Number of new grants received from outside funding sources	0	1	1	3
Number of peer-reviewed reports in scientific literature	0	1	1	3
Number of presentations (oral or poster) at national meetings	0	4	6	10

**Goal 6.** To expand the scope of the University of Maryland Greenebaum Cancer Center's translational research efforts.

**Objective 6.1** By FY 2004, increase the number of research activities that translate into clinical applications for patient benefit by five.

	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Output:</b> Number of research activities that are translated into clinical applications. (FY 00 Baseline = 2)	0	2	4	5

**Objective 6.2** By FY 2004, increase the number of new University of Maryland clinical trials by 70%.

	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Percent increase in clinical trials (FY 00 Baseline = 180 protocols)	41%	50%	60%	70%

**Objective 6.3** By FY 2004, increase the number of patients entered onto University of Maryland clinical trials by 40%.

	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Percent increase in clinical trials (FY 00 Baseline = 661 patients)	18%	25%	30%	40%

**Objective 6.4** By FY 2004, increase the number of faculty in targeted areas by 30%.

	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Percent increase in faculty (FY 00 Baseline = 127 faculty)	17%	20%	25%	30%

**Objective 6.5** By FY 2004, increase the number of peer-reviewed publications by 25%.

	2001	2002	2003	2004
Performance Measures	Actual	Actual	Estimated	Estimated
<b>Outcome:</b> Percent increase in peer-reviewed publications (FY 00 Baseline = 100 publications)	0	10%	20%	25%

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**Goal 7.** To build critical infrastructure and Core Shared Services Facilities to support the University of Maryland Greenebaum Cancer Center's clinical and translational research activities.

**Objective 7.1** By FY 2004, establish a Biomarker/GeneDiscovery Facility and expand current shared service facilities in biostatistics/informatics, specimen repository, preclinical models of cancer, flow cytometry, and biopolymer.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number fully operational shared service facilities supporting cancer investigators (FY 00 Baseline = 6 shared services)	7	7	8	8

**Objective 7.2** By FY 2004, increase the number of translational and clinical investigators that are users of the Core Shared Service Facility by 70%.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Outcome:</b> Percent increase in the number of investigators (FY 00 Baseline = 45 investigators)	53%	60%	65%	70%

**Goal 8.** To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; developing best practice models; coordinating with local hospitals, health care providers and local health departments; and expanding telemedicine linkages.

**Objective 8.1** By FY 2004, to establish one statewide, three regional and two satellite offices in Baltimore City, the Eastern Shore, and Western Maryland.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number of fully operational central, regional and satellite offices established	4	5	6	6

**Objective 8.2** By FY 2004, to increase by 25% the number of individuals participating in prevention clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) and by 12% the number of diverse populations participating in prevention clinical trials through UMGCC.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Outcome:</b> Percent increase in the number of individuals participating in prevention clinical trials through UMGCC	0	10%	20%	25%
Percent increase in the number of diverse populations participating in prevention clinical trials through UMGCC	0	5%	10%	12%

**Objective 8.3** By FY 2004, identify and implement at least three Best Practice Models related to cancer and tobacco-related diseases intervention strategies.

	2001 Actual	2002 Actual	2003 Estimated	2004 Estimated
<b>Performance Measures</b>				
<b>Output:</b> Number of fully implemented "Best Practice Models"	0	0	1	3

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**Objective 8.4** By FY 2004, establish clinical telemedicine or distance learning (videoconferencing) linkages in seven sites to improve access to quality care.

	<b>2001 Actual</b>	<b>2002 Actual</b>	<b>2003 Estimated</b>	<b>2004 Estimated</b>
<b>Performance Measures</b>				
<b>Output:</b> Number of telemedicine/videoconference linkages established	4	6	7	8
Number of fully operational telemedicine/videoconference sites	2	4	6	8
Number of sites with established clinical telemedicine or distance learning (videoconference) activities	1	2	4	7

**Objective 8.5** By FY 2004, conduct educational presentations related to the targeted cancers and other tobacco-related diseases in collaboration with local health organizations to reach at least 10,500 individuals in the regions served by the Network.

	<b>2001 Actual</b>	<b>2002 Actual</b>	<b>2003 Estimated</b>	<b>2004 Estimated</b>
<b>Performance Measures</b>				
<b>Output:</b> Number of educational programs on targeted cancers and other tobacco-related diseases	17	35	55	65
Number of individuals reached through MSHN's educational programs	4,450	7,500	9,550	10,500